



TOWN OF HILTON HEAD ISLAND
REVENUE AND COLLECTIONS DIVISION
ONE TOWN CENTER COURT
HILTON HEAD ISLAND, SC 29928
PHONE (843) 341-4677 FAX (843) 341-4637

BUSINESS LICENSE CHANGE / CLOSURE FORM

BUSINESS NAME _____

ACCOUNT NUMBER: _____

BUSINESS LICENSES ARE NON-TRANSFERABLE: NEW OWNERS MUST ESTABLISH A NEW ACCOUNT

TYPE OF CHANGE	CHANGE INFORMATION	EFFECTIVE DATE
BUSINESS NAME		
PHYSICAL LOCATION (NO P.O. BOX)		
SUITE (IF APPLICABLE)		
CITY/STATE/ZIP		
MAILING ADDRESS- STREET OR P.O. BOX		
CITY/STATE/ZIP		
BUSINESS PHONE/FAX		
EMAIL		
FEIN # OR LAST 4 DIGITS OF SSN #.		
BUILDING OWNER NAME		
OWNER ADDRESS		
OWNER PHONE #		
LAND LORD NAME		
LAND LORD ADDRESS		
CITY/STATE/ZIP		
LAND LORD PHONE #		
	YES NO	OTHER/EXPLAIN:
IS THIS A HOME OCCUPATION?		
SPACE VACANT FOR 12 MONTHS OR MORE?		
WILL THERE BE CONSTRUCTION?		
NEW SIGN?		
CHANGING TYPE OF BUSINESS?		
CHANGE OF USE OCCUPANCY OR USE FOR THIS SPACE?		
IS THIS BUSINESS BEING SOLD?		
NEW OWNER NAME		
NEW OWNER ADDRESS		
NEW OWNER PHONE		
CHANGE TAX PAYMENT FREQUENCY TO MONTHLY	<input type="checkbox"/> Check Box	

NAME OF AUTHORIZED SIGNER: _____

SIGNATURE: _____

DATE : _____